

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

P.O. Box 4449

Check if different  
than previously  
reported. (ACC)

Cary

NC

27519

4449

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00194647

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Jamal Jones

Signature of Treasurer

Electronically Filed by Mr. Jamal Jones

Date

03

10

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**  
Transaction ID :

Correction resulting from correction to July 2008 report

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 17

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 8 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 8 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2008</span>   |                         | 100876.87                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 50727.75                |                                   |
| (c) Total Receipts (from Line 19) .....  | 42351.45                | 45008.32                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 93079.20                | 145885.19                         |
| 7. Total Disbursements (from Line 31) .....  | 94.79                   | 52900.78                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 92984.41                | 92984.41                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 17

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 10361.60                      | 12361.60                          |
| (ii) Unitemized .....  | 31970.00                      | 32590.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 42331.60                      | 44951.60                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 42331.60                      | 44951.60                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 19.85                         | 56.72                             |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 42351.45                      | 45008.32                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 42351.45                      | 45008.32                          |

## DETAILED SUMMARY PAGE

of Disbursements

5 / 17

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |       |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |       |                               |                                   |
| (i) Federal Share.....   | 0.00  | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00  | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 94.79 | 200.78                        |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 94.79 | 200.78                        |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00  | 52700.00                      |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00  | 0.00                          |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00  | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00  | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00  | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00  | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |       |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00  | 0.00                          |                                   |
| (b) Political Party Committees   | 0.00  | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00  | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00  | 0.00                          |                                   |
| 29. Other Disbursements.....   | 0.00  | 0.00                          |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |       |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |       |                               |                                   |
| (i) Federal Share .....  | 0.00  | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00  | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00  | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00  | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 94.79 | 52900.78                      |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 94.79 | 52900.78                      |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 17

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 42331.60                      | 44951.60                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 42331.60                      | 44951.60                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 94.79                         | 200.78                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 94.79                         | 200.78                            |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. Timothy Rice

Mailing Address 1200 North Elm Street

City

Greensboro

State

NC

Zip Code

27401-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moses Cone Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15344664

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul M Wiles

Mailing Address 2085 Frontis Plaza Boulevard

City

Winston Salem

State

NC

Zip Code

27103-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novant Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15398169

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory J Beier

Mailing Address 209 Heatherton Way

City

Winston Salem

State

NC

Zip Code

27104-4448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forsyth Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15398171

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary R. Bowers

Mailing Address 68 Sweeten Creek Road

City

Asheville

State

NC

Zip Code

28803-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarePartners Rehabilitati-  
on Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 15446203

Amount of Each Receipt this Period

260.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dave C McRae

Mailing Address P O Box 6028

City

Greenville

State

NC

Zip Code

27835-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Health Systems  
of Eastern C

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 15487083

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City

Apex

State

NC

Zip Code

27502-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 15487093

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard E Hudson, , FACHE

Mailing Address 1705 Tarboro Street, SW

City

Wilson

State

NC

Zip Code

27893-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilson Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15487117

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S Miller

Mailing Address P O Box HP-5

City

High Point

State

NC

Zip Code

27261-1899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
High Point Regional Health  
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15502052

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William J Fulkerson, , M.D.

Mailing Address 815 Pleasant Green Rd.

City

Hillsborough

State

NC

Zip Code

27278-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University Health Sy-  
stem

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15502085

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Kami Anderson

Mailing Address 1620 Goley Hewett Rd. #304

City

Bolivia

State

NC

Zip Code

28422-8254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Arthur Doshier Memorial  
Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 8

Transaction ID: 15502151

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John G Currin, Jr.

Mailing Address P O Box 202

City

Burlington

State

NC

Zip Code

27216-0202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alamance Regional Medical  
Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: 15515717

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis Wingate-Jones

Mailing Address 2001 Vail Avenue

City

Charlotte

State

NC

Zip Code

28207-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Medical Center-  
NorthEast

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: 15515773

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathryn E. Heilig

Mailing Address 5404 Earle Road

City

Raleigh

State

NC

Zip Code

27606-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 15571391

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry H Chewning, III

Mailing Address 2460 Curtis Ellis Drive

City

Rocky Mount

State

NC

Zip Code

27804-2237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nash Health Care Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 15571429

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F Damore

Mailing Address 509 Biltmore Avenue

City

Asheville

State

NC

Zip Code

28801-4690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mission Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 15571437

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mike Stevenson

Mailing Address 3990 U S Highway 64 East Alt

City

Murphy

State

NC

Zip Code

28906-7917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Murphy Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 15581597

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Mahone, V

Mailing Address P O Box 1089

City

Roanoke Rapids

State

NC

Zip Code

27870-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halifax Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 15581695

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Lawler

Mailing Address P O Box 6028

City

Greenville

State

NC

Zip Code

27835-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pitt County Memorial Hosp-  
ital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: 15587544

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Ms Deborah G Friberg

Mailing Address 917 Welland Ct.

City

Raleigh

State

NC

Zip Code

27614-9083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WakeMed Raleigh Campus

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 15587593

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Jimm Bunch

Mailing Address 21 Bainbridge Ct.

City

Arden

State

NC

Zip Code

28704-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Ridge Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 15604411

Amount of Each Receipt this Period

241.60

**C.**

Full Name (Last, First, Middle Initial)

Sylvia Self

Mailing Address 182 Spring Run Dr.

City

Mooreville

State

NC

Zip Code

28117-8132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iredell Memorial Hospital

Occupation

CRNA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 15604451

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1041.60

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. John K Barto, Jr.

Mailing Address P O Box 9000

City

Wilmington

State

NC

Zip Code

28402-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hanover Regional Medi-  
cal Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15604465

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark T Leonard

Mailing Address 68 Hospital Road

City

Sylva

State

NC

Zip Code

28779-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15604491

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Paul S Franz

Mailing Address P O Box 32861  
1320 Fillmore Avenue, Unit 413

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15607641

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles T Frock

Mailing Address P O Box 3000

City

Pinehurst

State

NC

Zip Code

28374-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FirstHealth of the Caroli-  
nas

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 15616010

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William K Atkinson, II, Ph.D.

Mailing Address 1900 Kildaire Farm Road

City

Cary

State

NC

Zip Code

27518-6616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WakeMed Cary Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 15616012

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frederick G Thompson, , Ph.D.

Mailing Address 500 Morven Road

City

Wadesboro

State

NC

Zip Code

28170-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anson Community Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 15616106

Amount of Each Receipt this Period

480.00

**SUBTOTAL** of Receipts This Page (optional) .....

1280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl S. Armato

Mailing Address 12521 Preservation Pointe Dr.

City

Charlotte

State

NC

Zip Code

28216-6735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 15619415

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

10361.60



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City  
Wake Forest

State  
NC

Zip Code  
27587

Purpose of Disbursement  
Bank fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16024518

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

15.68

Bank fees

**SUBTOTAL** of Disbursements This Page (optional) .....

15.68

**TOTAL** This Period (last page this line number only) .....

15.68